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St. Bartholomew's Hospital Journal,

JUNE 14th, 1896.

"Æquam memento rebus in arduis
Servare mentem."—*Horace*, Book ii, Ode iii.

The After-history of a Case where a Dermoid Tumour of the Ovary obstructed Labour.

By WILLIAM JOHN GOW, M.D.,

Assistant Obstetric Physician, St. Mary's Hospital; Obstetric Physician to the Royal Hospital for Children and Women and to the Metropolitan Hospital.

ON the afternoon of December 17th, 1895, I was asked to see a Mrs. S— in consultation. She was a woman of thirty-one years of age, and had recently been delivered of her sixth child. During her fifth confinement, which had occurred two and a half years previously, a tumour was noticed in her pelvis, and its presence led to considerable difficulty during the second stage of labour, but with the aid of forceps a living child was extracted. The last labour commenced on December 15th, and delivery was effected by means of forceps, forty-eight hours later. Great difficulty was experienced because of the presence of a tumour in the pelvis which was as large as a man's fist, but after prolonged efforts with the forceps a dead child was extracted.

On the morning of the 19th a vaginal examination was made by her medical attendant, and a rounded tumour was found hanging into the vagina. On manipulating this, there suddenly escaped a quantity of thick yellow fluid, accompanied by hair, showing that a dermoid tumour had been penetrated. I saw the patient the same day, and found on vaginal examination that there was a large rent in the upper part of the posterior vaginal wall extending into the peritoneal cavity, and that through this was projecting a collapsed ovarian dermoid cyst. The patient's general condition was fairly good; there was no abdominal tenderness, and the temperature was only slightly above normal. The collapsed cyst was pushed back through the rent into Douglas's pouch, and as the surroundings of the woman did not permit of anything further being done in her own house, it was recommended that she should be transferred to the Royal Hospital for Children and Women, and this was accomplished the following day.

On December 21st the abdomen was opened in the usual way, and the collapsed cyst drawn out and after ligature of the pedicle it was cut away, the vagina having been previously disinfected as completely as possible by means of a copious irrigation with a solution of perchloride of mercury. The cyst lay in Douglas's pouch, and had developed in connection with the right ovary; the portion of the cyst-wall which lay over the aperture communicating with the vagina had begun to necrose. The patient's temperature at the time of the operation was 100·6°. The ovariotomy was followed by no vomiting and no abdominal distension or tenderness, but it was noticed that the patient's temperature was gradually rising and that there was a very offensive discharge from the uterine cavity. The uterus also was not undergoing involution in a satisfactory manner, and from the

presence of these symptoms, septic endometritis was diagnosed.

On December 27th the uterine cavity was irrigated with a solution of carbolic acid, and the fœtor of the discharge was thereby diminished; but although there was a temporary fall in the temperature, it soon rose again to 103°.

On the 31st the dressing was removed from the abdominal incision, and the stitches were taken out; the wound had healed, and the abdomen was quite flat, and free from tenderness.

Intra-uterine irrigation was repeated from time to time, but the temperature still remained very irregular, generally reaching 103° at night. The patient ate well, and complained of no special pain. On the evening of the 6th of January I went down to see her, as after a slight shivering attack the temperature had risen to 105°. The symptoms during the last seventeen days had pointed to the existence of septic endometritis, and the variability of the temperature seemed to suggest that the micro-organisms which were undoubtedly present in the uterine mucosa, were invading from time to time the blood-stream, and thus producing irregular febrile disturbance. As intra-uterine douching had failed to relieve these symptoms, it was decided that a trial should be given to curettage. The patient was accordingly brought into the theatre and anæsthetised. The cervical canal was dilated with Hegar's dilators, and then a curette was cautiously introduced into the uterine cavity. Great care was taken, because the danger of perforating the uterine wall was fully present to my mind during the operation. After scraping the anterior and posterior walls the curette was pushed on up to the fundus, but without detecting any resistance; it was speedily discovered that the curette had penetrated the uterine wall, and it was easy to feel the end of it close to the umbilicus. The curette was immediately withdrawn, and as the interior of the uterus was undeniably septic, it was thought to be the safest plan to at once re-open the abdomen and extirpate the entire uterus and cervix. This was accordingly done, and the left ovary and tube and the whole uterus and cervix were removed from above. There was very little hæmorrhage, and the patient did not exhibit any symptoms of shock. The peritoneal cavity, which appeared healthy, was cleansed as carefully as possible, but no drainage-tube was employed, as it was thought that if any fluid collected it would easily escape through the opening in the vaginal vault which had been made when the cervix was freed from its attachments.

The uterus after its removal was laid open and examined. The fundus presented a slit-like aperture through which the blunt end of the curette had passed. The anterior and posterior walls of the organ were about three quarters of an inch thick, but the tissue forming the fundus and uniting the anterior and posterior walls was no thicker than a piece of stout brown paper. A pair of pressure-forceps pushed against this portion of the uterine wall penetrated it with the greatest ease, and gave rise to no appreciable sense of resistance during their passage. The interior of the uterus was shreddy and irregular, and nothing resembling normal endometrium could be seen. The peritoneum covering the uterine body was shiny, and presented no signs of inflammation. The left tube and ovary were healthy.

During the next three days after the operation the temperature gradually fell until it reached the normal level, but pain was complained of in the right side of the chest, and a pleuritic rub was detected over the base of the right lung. At the end of this time, however, the temperature began to rise again, and on the 11th the patient had a distinct rigor. On the 13th pus discharged itself from the lower angle of the abdominal wound, and on the next day from the vagina also. It was now manifest that pus had collected in the pelvis, no doubt as the result of infection at the time the uterus was perforated with the curette. A drainage-tube was introduced through the abdominal sinus and the cavity syringed out, and a few days later the tube was passed right through from the abdominal sinus into the vagina, so that in this way the cavity could be effectively irrigated. On the 29th of January the discharge from the vagina and abdominal sinus was distinctly fæcal, pointing to the formation of a fistulous opening between the bowel and the abscess cavity. The patient's temperature still kept up, and there were occasional rigors, but she maintained her strength in spite of everything and took her food freely.

On February 20th a swelling the size of a hen's egg was noticed beneath the middle of the left sterno-mastoid. The swelling was elastic, and had all the characters of a metastatic pyæmic abscess. This was opened and drained, and from that time the patient steadily began to mend. There were no more rigors and the temperature fell to normal, and she left the hospital on March 16th practically well, although there was still a small discharging sinus at the lower angle of the abdominal incision. The fistulous communication with the bowel had spontaneously closed up.

This case is interesting from several points of view. The dermoid cyst which obstructed delivery, and the subsequent ovariotomy, were but incidents in the patient's clinical history. No doubt if the cystic nature of the tumour had been recognised during labour, it would have been better either to have punctured or incised it through the vaginal vault and evacuated its contents, and so allowed the child's head to advance, or else to have performed Cæsarean section, removing the tumour at the same time. The case was essentially one of septic endometritis, with general infection of the blood stream, the infective organisms evidently possessing only a low degree of vitality. It illustrates one of the dangers of curetting the puerperal uterus, and the great thinning of the uterine tissue at the fundus, as seen after the removal of the organ, was highly instructive, showing that no amount of care could under the circumstances have prevented the curette from penetrating through the uterine wall

at this point. The great temporary benefit noticed after the extirpation of the infected uterus seems to show that in certain cases when protracted fever accompanies septic endometritis, the removal of the entire organ gives the best chance of relief. It seems probable that if the peritoneum had not been infected by the curette which perforated the uterus, no pelvic abscess would have followed, and the patient's period of convalescence would thus have been substantially shortened. The removal of the septic uterus may be accomplished either through the vagina or through an abdominal incision, and in the case narrated the latter route was chosen partly because the uterus could not be drawn freely downwards, and partly because the abdominal incision gave a better opportunity for investigating the condition of the peritoneum and for ascertaining whether there was any collection of pus within the pelvis which had been overlooked. It must not be forgotten, however, that in the great majority of cases of septic endometritis, spontaneous cure results, the febrile disturbance generally terminating in from seven to ten days from the onset of symptoms. It is only in the prolonged cases where there is no evidence of the spread of the organisms into the veins of the broad ligament, that so radical a method of treatment would be entertained. It has, however, I am sure, many advantages over the repeated curetting to which the uterus is sometimes subjected under similar circumstances.

In the case of Mrs. S—, it no doubt would have been wiser to have inserted a drainage-tube after the completion of the hysterectomy, because drainage through an aperture in the vaginal vault is not to be relied on unless a strip of gauze is used to keep the edges of the vagina apart. If free drainage had been provided, the fæcal fistula in all probability would not have formed.

I believe that micro-organisms had found their way into the blood-stream before the pelvic abscess formed, but that owing either to their virulence being less than normal, or the resisting power of the tissues being greater than normal, they had not been able to make much headway. The clinical symptoms seemed to point to hordes of organisms passing from time to time from the uterine mucosa into the circulation, but soon perishing from the destructive action of the tissues on them. The respiratory embarrassment which was present from the tenth day onwards certainly suggested that the symptoms were not due to the absorption of ptomaines merely, and the condition of the endometrium as seen after removal made it unlikely that sufficient chemical poison was manufactured there to produce the amount of constitutional disturbance from which the patient suffered. This, of course, is purely hypothetical, but that later on organisms were present in the patient's blood was proved by the development of the pyæmic abscess in the neck.

Although many links in the chain of evidence are unfortunately lacking, the case as it stands presents some features of interest, and may suggest lines along which investigation is needed, and so help to a clearer understanding of certain forms of puerperal septic infection.

The Rotunda Hospital, Dublin.

By J. D. RAWLINGS, M.B.Lond., M.R.C.S.,
Late House Physician, St. Bartholomew's Hospital.

"How much a dunce that has been sent to roam
Excels a dunce that has been kept at home."—*Cowper.*

IT is, I think, to be regretted that so very small a proportion of Bart.'s men take advantage of the opportunity that we all have of studying midwifery and gynæcology at the Rotunda Hospital. I do not for a moment advocate that unqualified men should substitute a month's work at Dublin for the corresponding period at St. Bartholomew's; that is a most fatal mistake, for a man who is looking forward to examinations cannot do justice to the opportunities offered by the Rotunda; and, moreover, since the great majority of resident "pupils" there are qualified men, the teaching is not quite of that systematic and very elementary kind which is needed by the man who is seeing his first twenty cases. His unavoidable mistakes, too, will make him feel more ridiculous (though he will meet with nothing but respectful sympathy) when surrounded by his seniors than if they occurred among men of exactly his own standing. What I do advocate, however, is that every qualified man who has done all the gynæcology and midwifery that he can get at Bart.'s, should, if he can afford the time (and time is cheap for most of us when first qualified) go to the Rotunda for two or three months as an "intern pupil." During that time he will attend without at all overworking himself from a hundred to a hundred and fifty midwifery cases, and will make complete examinations of about the same number of gynæcological cases, and will see innumerable gynæcological operations, and will probably perform one or two minor ones himself. He will see methods of treatment which are new to him, and some of which may strike him as improvements on what he has seen before. He will have no opportunity of becoming lax in his ideas of asepsis in midwifery and surgery, which for abdominal sections is carried to such a degree that a plate-glass partition is erected between the operating table and the students, thus preventing even the voice of a student from reaching the sanctum sanctorum, and the most septic remarks may be made by the disciple without fear of infecting the Master or his patient.

The social and domestic life of a pupil at the Rotunda divides itself into two heads—(*a*) inside the hospital; (*b*) outside the hospital.

(*a*) With regard to the domestic arrangements, one may say without any desire to flatter the Rotunda, that there is an entire absence of that enervating degree of luxury which

is the bane of the pampered medical student in London, and of which a typical example may be seen in the quarters provided for the Extern Midwifery Clerks at our own Hospital, where each student has a whole bedroom to himself, the papers have not fallen off the walls, and (*mirabile dictu!*) the floors are carpeted. Who can tell what habits of indolence and procrastination are engendered in the mind of the budding obstetrician by the sight of this Oriental luxury? The Rotunda will have none of it. Home Rule would be less of a blow to the respectable Irish than would the introduction of bedroom window-blinds within the walls of the Rotunda be to the authorities of that great institution.

To spend three months as an intern pupil of the Rotunda Hospital is in itself a liberal education and very enlarging to the mind. There one meets men from all corners of the earth and of all degrees of civilisation: the doctor from the Western States of America, who sleeps in his underclothes with a six-shooter under his pillow, and would not be particular about his weekly shave but for the presence of the lady doctors: the missionary just returned from China, who knows all about the opium trade; the dashing army surgeon from India, who is fond of dancing and carries his handkerchief in his cuff; and, most interesting of all in March 1896, the man who was in South Africa last month and knows the truth about Jameson. And for the opportunity to study the habits of all these different characters by night as well as day there is no extra fee. This cosmopolitan assembly is presided over by three genial and accomplished gentlemen, the two Assistant Masters of the Hospital and the Extern Maternity Assistant; these three members of the Staff are the guides, philosophers and friends of the intern pupils,—guides in the wards, philosophers in the mess-room, and friends in general.

(*b*) Outside the Hospital one soon finds that some of one's preconceived ideas of the Irish must be abandoned. We who work at a hospital in London are likely to derive our ideas of Irish character from two sources, viz. the Irish we meet in the London slums, who are not favourable specimens of the Irish poor, and the Irish we hear of at Westminster, who do not represent the upper classes in Ireland at all. What wonder if we approach Dublin expecting to find a complete absence of refinement, and more drunkenness, brutality, dirt, and thriftlessness than we are accustomed to in London? Instead, we find the height of refinement and courtesy among the upper classes, and although in extern maternity work we see an amount of thriftlessness and dirt which is perfectly appalling, it is not appreciably worse than in the London slums. But the most striking characteristic of the Irish is (*pace* Mr. Harry Furniss) their hospitality; rich and poor, old people and small children, alike make one feel from one's earliest acquaintance with them, that one is among friends; the kindness of those who have it in their power to make one's visit enjoyable is unbounded, and the same spirit is shown all down the social scale. The children playing in the gutter of a slum greet us on our first visit with an expression of face which an English child reserves for the visit of a favourite uncle, and if one absorbed all the fusel oil that was pressed upon one in three months by grateful fathers and grandmothers, one would return to London with cirrhosis of the liver and granular kidneys. Any man who goes to the Rotunda for three months presumably has in view the one object of increasing his professional knowledge; but it is perhaps worthy of mention under the heading (*b*), merely as an observation of cold fact, that the average of female beauty is higher in Dublin than in London.

There are some customs connected with practice in Ireland with which we are quite unacquainted in England. It is apparently impossible to buy or sell a practice there, the reason given being that patients refuse to be handed over from one doctor to another; hence the only way to begin practice is to attract by any fair means one can the patients of one's fellow-practitioners. Again, in Ireland, as in all countries which are largely Roman Catholic, medical practice is curiously influenced in some respects by religion. Religion takes a far more prominent place in the daily life of a Roman Catholic than in that of the average Protestant, and the priest's advice carries a corresponding amount of weight with it. This influence of the priests is sometimes of the greatest advantage to the patient and the practitioner, for the priests are educated and for the most part intelligent men, whose advice to a refractory patient may save the doctor a lot of trouble, and lead to the patient getting the benefit of otherwise impossible treatment. As an example of this may be quoted an incident reported to me by the medical officer of a lunatic asylum:—A melancholic patient had refused absolutely to take any nourishment, reiterating that the soup provided was made of the bones of the Saints, and that it would be sacrilege to eat it. The priest, on hearing informally of the difficulty, at once convinced the patient that not only would the soup be of great temporal benefit to her, but that being made of such sacred ingredients it would greatly enhance her prospect of ultimate salvation. The soup was eaten, and the trouble and discomfort of a nasal tube avoided. Medicine and religion, however, do not always meet so amicably or successfully. So much is thought of the administration of extreme unction that the Sacrament is often received when death is by no means certain, and this is sometimes followed by a condition of inertia both of the patient and her friends in which the patient, like Mrs. Dombey, "will not make an effort," and the friends give up all attempts to feed her and merely sit round waiting for the wake. In one case, indeed, in which a distinguished obstetrician in Dublin was unfortunate enough to meet with a severe post-partum hæmorrhage, the friends becoming alarmed requested him to leave the room for a few minutes while the priest should administer extreme unction. This

the physician refused to do, and stayed and treated his patient, with the result that the hæmorrhage was arrested, and the patient made a complete recovery. The great importance attached to the baptism of infants, again, leads to curious results, and woe betide the doctor who allows a baby to die unbaptised. An intern pupil of the Rotunda recently baptised a dying infant at the request of its mother; the woman was overjoyed, and said, "To think of the number of babies that go to hell every year because the English doctors don't know how to baptise them." In another case baptism was the immediate cause of death; it was a breech presentation, and the "midwife," knowing enough to recognise the danger to the child, baptised the presenting part, with the result that violent inspiratory efforts were made, and the child was born dead though baptised. The religious objection to craniotomy is too well known to need mention here.

A striking feature about Roman Catholic Dublin is the virtue of the lower classes; it is quite an uncommon thing to find an unmarried woman in the Maternity Department of the Rotunda Hospital. Not long ago one who was interested in the subject looked through the records of the Hospital for one month, chosen by chance, and discovered that only two unmarried women had during that time been admitted to the Maternity Wards, and that both of them were English Protestants. What lying-in charity in London could show such a record?

A fact of practical importance about study at the Rotunda is the expense; to spend three months there costs from thirty-five to forty pounds, which includes teaching, board, lodging, washing, and railway fare from and to London.

Let no one who has the opportunity of going to the Rotunda fail to do so, for when the time comes to leave, one feels that a great gap in his education has been filled, it has been impressed upon him with fresh force that rough diamonds are sometimes the most valuable, and his gynæcological fingers are longer by an apparent inch and a half; nevertheless on re-entering at last the great gate of his Alma Mater, he feels renewed pride in his connection with St. Bartholomew's Hospital.

The Diagnosis of Strangulated Hernia.

By W. McADAM ECCLES, M.S.(LOND.), F.R.C.S.(ENG.).

(*Continued from p.* 117.)

IN the second and third papers on the diagnosis of strangulated hernia, it is proposed to pass under review cases in which the symptoms of strangulation are peculiar, and also the various conditions which may simulate strangulated rupture. Each series will first be given in tabular form.

I. Cases in which strangulation is actually present, but the symptoms are anomalous.
- (1) Through conditions associated with the contents of, or changes within the hernial sac. (*a*) Nipping of a portion of the calibre of the bowel wall: (i) Partial enterocele; (ii) Strangulation of the vermiform appendix; (iii) Strangulation of Meckel's diverticulum. (*b*) Strangulation within the sac: (i) Strangulation by adhesions, &c., within the sac; (ii) Kinking of bowel within the sac; (iii) Rotation of bowel within the sac.
- (2) Through conditions dependent upon the hernial sac itself. (i) Loculated sacs; (ii) Pouched sacs.
- (3) Through the presence of multiple herniæ. (i) Two (or more) herniæ, one irreducible, the other strangulated; (ii) Two herniæ, one concealing the other; (iii) An inguinal and a femoral hernia on the same side, one strangulated and the other not.
- (4) Strangulation within the abdomen in a patient the subject of a hernia.

II. Cases in which the condition of strangulated hernia is simulated.
- (1) Cases in which a hernia is actually known to exist, but the symptoms are not those generally referable to strangulated bowel. (i) Strangulation of omentum; (ii) Obstructed or incarcerated hernia; (iii) Inflamed hernia—(*a*) Sac and contents; (*b*) Sac alone; (iv) Strangulation of ovary and Fallopian tube; (v) Colic in a person the subject of hernia; (vi) Vomiting of pregnancy in a woman with a hernia.
- (2) Cases of inflammation of the inguinal or femoral lymphatic glands. (i) Acute adenitis altogether apart from a hernia; (ii) Inflamed or enlarged glands obscuring a small strangulated hernia; (iii) Inflamed glands associated with an irreducible hernia.
- (3) Conditions dependent upon the testis, and its annexa. (i) Acute inflammation of testis or epididymis in the scrotum; (ii) Inflammation of a partially descended testis; (iii) Inflammation of the spermatic cord; (iv) Torsion of the spermatic cord.
- (4) Other conditions—(i) Peritonitis; (ii) Enteritis; (iii) Blood in ligamentum teres.

Perhaps the class of cases in which strangulation is actually present, but in which the symptoms are otherwise than typical of a strangulated hernia, are the most important from a diagnostic point of view, and require to be carefully and separately studied.

The first group of these cases have anomalous symptoms which are dependent upon peculiarity of the part of the bowel strangulated or to certain changes within the hernial sac.

Partial enterocele, or the nipping of a portion of the circumference of the bowel wall, is sometimes termed Richter's hernia, but should more properly be designated Lavater's* hernia. Such herniæ also constitute one variety of so-called "masked ruptures."

The points in which a strangulation of only a part of the intestinal wall differs from the symptoms produced by a nipping of a complete loop of bowel may be stated to be the following. Constipation is but rarely complete, flatus and some fæcal material often passing the seat of strangulation, to be expelled from the lower bowel. This is obviously due to a passage way still remaining, though this may become very narrow owing to the congestion of the mucous membrane which ensues.

Vomiting is not so urgent, and only in about half the cases does it become stercoraceous if the strangulation go unrelieved.

A tumour at the site of the protrusion is often undetected owing to its small size, although some resistance, pain, and tenderness may be found in the region.

Strangulation of the *Vermiform Appendix*, again, produces symptoms which are rarely those of a true strangulated hernia. The action of the bowels may be unaffected, or diarrhœa may be present. Vomiting is seldom persistent, and scarcely ever stercoraceous. In a case which was under Mr. Langton's care,† a woman aged 46, who had had a right femoral hernia for twelve years, was suddenly seized with griping pains, followed by loose motions, and the passing of much flatus by the mouth. Vomiting came on, but never progressed beyond becoming bilious in character. The hernia was cut down upon, and the appendix, which was the sole contents of the sac, and very tightly gripped, was removed. The patient made an excellent recovery.

A strangulation of *Meckel's Diverticulum* is sometimes termed Littre's hernia, since this surgeon described two cases in 1700 which were probably of this nature. Such a hernia is rare, and a strangulation still rarer. When this occurs there will be very similar sym-

* Lavater's account was written in 1672, although not published probably till 1755, while Richter's was not finished till 1799.

† *St. Bartholomew's Hospital Reports*, 1891, p. 179.

ptoms to those produced by partial enterocele, especially when the diverticulum is short, or it is strangulated not far from its origin from the bowel. Probably in these cases some kinking of the intestine due to the gripping of the diverticulum in the mouth of the sac may result, and still further enhance the likelihood of symptoms of strangulated gut. Stercoraceous vomiting and complete constipation may be present in certain cases.

The next division of the anomalous cases are dependent upon strangulation occurring, not by pressure of the tissues without the entrance of the sac, nor by the neck of the sac itself, but within the cavity of the sac. This condition might be termed internal strangulation, but should be clearly distinguished from internal strangulation within the peritoneal cavity of the abdomen itself.

Adhesions within the sac between the contents of the sac and the sac wall, or between different parts of the contents themselves, apertures in omentum or mesentery through which gut may slip, Meckel's diverticulum attached to the inner surface of the sac wall,—any of these conditions may give rise to such internal strangulation. Again, the loop of bowel within the sac may become kinked, being bent by being tied down by an adhesion at one spot. Lastly, volvulus may occur, the length of bowel constituting the contents of the sac rotating around its own axis.

The fact of utmost importance to remember in such cases as the above is that while there is strangulation of the most severe character, yet in most instances there will be no loss of expansile impulse in the sac. For the prevention of such impulse it is necessary that the bowel be constricted quite high up in the sac, in fact at its mouth, and that the nipping be so effective that the communication between the sac and the abdomen is entirely shut off. If, however, the constriction occur anywhere below the external abdominal ring, or within the sac, it is obvious that an expansile impulse may yet remain. A knowledge of this fact may prevent a very serious error on the part of the surgeon, who, finding an impulse, may consider that strangulation is not present although the other symptoms are marked. The rule to be followed in all cases is, given a patient who exhibits signs of intestinal obstruction and who is the subject of a hernia, explore the rupture first of all.

In the second group, the sac of the hernia is the factor which gives rise to the conditions which lead to the abnormal symptoms. Loculated and pouched sacs are by no means rare. The production of such is the outcome of one of several causes which may be in operation. Sometimes adhesions separate off portions of the main sac; at others, parts external to the sac,—as, for instance, the cribriform fascia in a case of femoral hernia,—press upon and constrict certain parts so as to produce pouches. Occasionally membranous folds project into the sac in the form of partial or nearly complete diaphragms. It is probable that these, as has been pointed out by Mr. W. H. Bennett, occur solely in inguinal hernia, and in those which are of congenital origin. Pouching may, moreover, be brought about in congenital inguinal hernia by the traction of bands of gubernacular fibres upon circumscribed areas of the wall of the processus vaginalis. Again, Mr. Lockwood has suggested the theory that branches of the spermatic artery supplied to the peritoneum must necessarily take a recurrent course when the testis reaches the scrotum, and thus these may drag down a portion of the wall of the processus vaginalis and thus a diverticulum is produced. Local projections of the sac may also arise by unequal dilatation of the sac. Lastly, taxis applied with immoderate force is credited with the production of diverticula from the sac.

It will be easily understood that if a loculated or pouched sac be present, and especially if the entrance into the diverticulum be narrow, there is an ever-ready possibility of a knuckle of bowel slipping into it, and thereby becoming strangulated. In such a case there may be distinct expansile impulse over the larger portion of the rupture, which contains contents quite unnipped, and so capable of giving impulse. In some cases a part of the hernial swelling may, on careful examination, be found to be tender and tense, thus giving rise to the suspicion that this is the seat of the strangulation.

The third group consists of cases in which more than one hernia exists in the same patient, and owing to one being strangulated and the other not, uncertainty may arise as to which is the rupture in which the bowel is nipped. This is particularly the case when both herniæ are irreducible, but the irreducibility in one is due to strangulation.

In such a dilemma, it is important to bear in mind that even in the rupture which is the seat of strangulation, the symptoms may not be typical, but here again local tenderness and tenseness may be a clue as to which hernia needs prompt and active treatment. There may be even three irreducible herniæ in one subject, a condition which may still further complicate matters. This would require exploration of each in turn, if by no other means a conclusion as to which is the strangled one can be arrived at.

Another very interesting condition which may be present is the fact of one hernia obscuring another, the hidden one being strangulated. It is not very uncommon for a protrusion to pass through the linea alba a short distance above the umbilicus, and for it to be overshadowed by a true acquired umbilical hernia. If the former become strangulated, this fact may be difficult to determine by local examination. Lastly, if an inguinal and a femoral hernia occur on the same side, and particularly so in an obese patient, the local symptoms produced by the strangulation of one may be masked by the obvious signs pointing to non-strangulation in the other. Such states demand the closest of examinations, which will, however, in most cases reveal the dangerous condition in which one of the herniæ is.

Under the fourth heading are included cases where a patient, the subject of one or more herniæ, is also suffering from intestinal obstruction, the result of strangulation within the abdominal cavity. In these the herniæ will probably show no signs of any sudden and recent change in character, and none of the local signs of strangulation will be in evidence.

Such cases may occur on account of the very presence of the hernia having caused adhesions, often of omentum, to form at or near the mouth of the sac under which a loop of intestine may pass.

In other instances, strangulation by a band, strangulation by a loop of gut passing through an aperture in the omentum or mesentery, or the nipping of a knuckle of bowel in one of the peritoneal fossæ, may account for the obvious signs of intestinal obstruction, although nothing noticeable has taken place in the hernial sac which the patient possesses.

An instance of internal strangulation associated with double inguinal herniæ, I have elsewhere recorded.*

It is a good rule in all this group of cases to explore the hernial site first of all if there is the slightest suspicion that strangulation exists in connection with the sac, and to forthwith perform laparotomy if no such cause of obstruction be found to exist.

(*To be continued.*)

Training.

By PERCY FURNIVALL, F.R.C.S.

A Paper read before the Abernethian Society on January 30th, 1896.

I PROPOSE to discuss with you to-night chiefly the physiological principles which are the basis of training, for I think this side of the subject has been overlooked to a large extent. I shall take my topics in the following order:—1. Definition; 2. History; 3. Changes in the tissues and organs produced by training; 4. Physiological analysis and classification of exercises; and lastly, 5. The modern methods of training.

1. We define training as a procedure whose object is to render a man or animal, as completely and quickly as possible, fit for the performance of a given work. The word "training" is often used in a wider sense: thus divers are trained in order that they may be able to hold their breath longer under water; jockeys in order to make them lighter; while cerebral training improves a man's understanding.

To be "trained" implies that the organs of the body have undergone modification. We may believe that the brains of some men of science differ from those of porters; but we are certain that the bodily form of a prize-fighter in perfect condition is not the same as that of a sedentary student. A man in training acquires a new conformation which gives him special aptitudes; but in nature he is unchanged, and if he returns to the mode of life he relinquished when he began training, he soon loses all the powers he has gained. An active and laborious life is in itself enough to bring about fitness for work and power of resisting fatigue, without any necessity of observing the hygienic and dietetic practices recommended by trainers.

For instance, wolves have no need to abstain from certain articles of food, or to limit the amount of water they drink, in order to make their muscles as hard as iron, and to have lungs to which breathlessness is unknown. But we must realise that, to the ordinary man, the benefits derived from work are gained with astonishing rapidity, when the athlete submits to a certain regulation of diet, and to certain accessory hygienic performances which make up the method known as "training."

* *St. Bartholomew's Hospital Reports*, 1895, p. 177.

2. Let us hear what competent observers have to say about the results of systematic training. Royer-Collar read a paper before the Academy of Medicine in Paris in 1842 on the condition of a British prize-fighter. I proceed to quote from Lagrange's *Physiology of Bodily Exercise*, an excellent book, and one I can very heartily recommend: many of my own ideas have been taken from it.

"The man who has been trained has not sensibly lost weight, unless he was very fat before he got into 'condition.' Usually, indeed, he weighs a few pounds more, but his limbs have singularly increased in size. His muscles are hard, prominent, and feel very elastic; they contract with extraordinary force under the influence of an electric shock. The abdomen is retracted, the chest expanded; breathing full and deep, capable of long efforts. The skin is firm, sleek, free from all eruption. We notice that the skin over the axillary regions and the sides of the chest does not tremble during the movements of the arms; it seems to be perfectly adherent to the subjacent muscles. This firmness of the skin and density of the cellular tissue, resulting from the absorption of liquids and fat, oppose the formation of effusions." (*Comptes rendus: Acad. de Médecine.*)

Let us see what the author says about the powers in fight of these men whom we have just described. "Prize-fighters are naked to the waist, and try to strike their adversary with all possible force anywhere between the head and umbilicus. If one of them is knocked down, dizzy from a violent blow, he is allowed a minute's rest. Before the whole minute has passed, he gets up and goes on fighting, or he is declared beaten. Ordinary fighters, in a fight of an hour and a half, stop in this way thirty or forty times. The combat may last for from some minutes to four or five hours. We may imagine that serious injuries and even death may be the issue. Sad instances of this have occurred, but they are extremely rare. Usually a few days afterwards there are no traces of these terrible blows. A prodigious strength, a singular skill, and incredible insensibility to blows, and at the same time perfect health, such are the phenomena presented by these men, so very different from other men."

What process did a man undergo in the good old times in order to acquire these extraordinary powers? To begin with, he was first subjected to "free purgation," then put on a diet of semi-raw flesh, stale bread and a few vegetables, with a very small quantity of liquid. His work was of a most severe nature, varied with forced sweatings.

I borrow a quotation from Maclaren's *Training in Theory and Practice*. "If the person trained, after the second week, exhibits signs of irritability he must be bled and purged well, and take a dose of powerful cathartic. Vomiting may be used when the stomach is foul, to get rid of the crudities not cleared by the purging. This radical cleansing is absolutely indispensable to bring the organs of digestion to a healthy state of action." One would think that this would cure any ordinary Britisher of irritability. But no! In addition the poor man is to swallow "one grain of tartar emetic with 20 grains of ipecacuanha, worked off with camomile tea." Naturally, sometimes men "trained off."

Of course, one might say, "See what things men so trained have accomplished!" The truth is, that men who were able to stand this, were able to stand anything. Needless to say that scientific knowledge of the physiology of bodily exercise has changed all this; and we now do not believe that it is necessary to half kill a man in order to get rid of his "crudities" before starting to get him into condition. What modern training can accomplish has been well shown by the recent match between the London Athletic Club and the New York Athletic Club. Not only were our men beaten in every event, but several new World's Records were established. Another forcible example is the rise of Welsh Rugby Football, and the marked change that has taken place in the Association game. I could go on multiplying these examples *ad libitum*, and they would all show the result of scientific knowledge and thought about the best way of generating and applying muscular force.

In America, every college has attached to it one or more medical men who have made a special study of the physiology of bodily exercise. They direct the entire physical education of the students. Surely this is a move in the right direction, for can an education which attends to a man's mind *only* be called a complete one? Does it produce men in the best sense of the word? In the United States if a lad comes up to college with a poor physique and deficient chest-measurements, he is put through a carefully regulated course of exercises in the gymnasium and in the playing fields until his physical shortcomings have ceased to exist. If this practice could be universally carried out, the standard of a nation would probably be raised mentally as well as physically.

3. I said at the beginning of my paper, that "to be trained" implied that the organs had undergone modification. How does this come about? Physiologists say that "function makes structure;" this is well shown in the case of an unreduced dislocation: a new joint is gradually formed in the abnormal position occupied by the head of the dislocated bone. In just the same way muscular work modifies the nutrition of all the motor organs, and gives them a structure favorable to the performance of movements. How is this done? The first effect of muscular exercise is to render the vital combustion more active, and so diminish the quantity of the tissues on which these combustions feed. At the same time it causes a more active process of assimilation. These losses and gains, if balanced in quantity, do not take place in the same tissues, for muscles increase, and fat disappears. This facilitates muscular work for the following reasons:—firstly, it lightens the body of material useless for purposes of movement; secondly, fat is a cause of excessive heating of the body, because its low power of conduction will not allow of the rapid cooling of the blood; thirdly, because fat easily undergoes dissimilation and sets free waste products. This is confirmed by the fact that, other things being equal, fat men lose their breath more readily and perspire more freely than thin ones. These statements are not always correct, for some few men and horses "train fat." In these men a certain amount of fat forms an integral part of the system, and cannot be lost without at the same time lessening their power of resistance. This fact is pointed out by Stonehenge in his excellent work on training race-horses. In some men, then, fat is a constitutional tissue; in others, it is merely a reserve tissue to be consumed at the first demands of the system. Trainers often say that the diminution of breathlessness in a trained man is due to the greater freedom given to the lungs by the removal of "internal fat." It is more truly due to the lessened susceptibility of the heart and respiratory centres to the result of muscular action. "Stiffness," felt in the muscles after exercise, is probably partly due to an excess of the waste products of metabolism, partly to ineffective nutrition of the muscle fibres, and in some cases of prolonged stiffness, to minute muscular lesions.

Heat is an important factor in exercise, "the hotter the day, the faster the time," is an athletic platitude. Montague Sherman, in his admirable article on "International Athletics" in the fifth number of the *Badmington Magazine*, gives this as one of the reasons for the splendid performances of the New York Athletic Club team in the recent match. We cannot use our muscles when the limb is cold; on a frosty day, fingers grow numb. Heat causes in muscular fibres an aptitude for coming into action more quickly under the influence of the will. We recognise this when we say that a man has "warmed to his work." Preliminary sparring at boxing, and the preliminary canter in a horse race, are examples of the fact. Of course there is a limit to this, for excessive muscular work can raise the system to a temperature at which the body can no longer live. This is one of the reasons why a driven animal dies. The condition is similar to a man with sunstroke.

We say that exercise "hardens" a man; this is literally true. Work produces, in all the tissues of the body, changes of nutrition, which consolidate and make them more resistent and firm. Very soon one's hands no longer blister from gripping an oar; and a well-trained boxer hardly feels a blow with the fist, his tissues have become so hard. Also the bones increase in size and density; one can easily tell, by looking at a bone, whether the person to whom it belonged led a life of muscular activity, or physical idleness.

The heart, besides gaining by well-directed exercise a structure more favourable to work through being freed from fat, also learns to beat more regularly. It tends to lose that excessive excitability which in an athletic novice promptly disturbs its regular action on the slightest change in the temperature or pressure of the blood, and it no longer becomes uncontrolled when violent exercise is performed. This education of the reflexes by exercise is still better exemplified in respiration. Old athletes gain control over the reflex respiratory movements to a very large extent. They take very deep respirations, while novices, obeying blindly the needs of their inexperienced lungs; get out of breath by rapid shallow movements of the thorax. This is an important fact, and greatly retards the onset of fatigue. That the effect on the heart is the most necessary of the two, is shown by the fact that a delirious pneumonia patient can get out of bed and walk about, while a bad heart case never does.

Moral impressions also influence the rhythm of respiration strongly. In a frightened man defects of co-ordination show themselves both in speech and breathing; a sort of stammering respiration is set up. "It quite took my breath away" is a common expression. Unless a man has great self-control and can keep cool, the fear of being beaten, the annoyance of seeing himself passed for a moment, may considerably diminish a novice's breathing powers.

Exercise has a stimulating effect on all the organic functions, because it renders the circulation in all the organs more active. All

the phenomena resulting from moderate cerebral congestion are shown after exercise. A young lady dancing becomes animated, and could entirely forget fatigue and dance all night; in fact, a quarter of an hour's waltzing has the same effect on her as a glass of champagne. This excitement produced by movement, may, as the result of active congestion of the brain, pass on to wild excitement, as in the war dances of savages and the contortions of dancing dervishes. This may be one of the causes of the regrettable squabbles on the football field, a sort of intoxication very like the well known alcoholic variety being produced.

It is more than probable that certain parts of the brain which preside over voluntary movement are developed by training, and though it is difficult to prove by direct arguments that psychical faculties are influenced by muscular work, it is unquestionable that certain qualities are improved and developed by exercise. The faculties which preside over the co-ordination of movements are undoubtedly developed by the performance of difficult exercises, owing to our muscular sense. Their improvement gives a man the quality we call skill or knack. The action of antagonistic muscles produces stiffness of movements, a fault in all beginners. All of you who have faced our redoubtable Professor Alec Roberts in the boxing ring, know his cheering "Let your 'left' go, sir," and "Where's that right arm?"—as you fail to stop his "left" with anything more suited for the purpose than your face.

A man unskilled in the exercise he is doing expends two or three times the necessary amount of force. Every movement needs an apprenticeship, because there are no isolated movements; all are associated.

The "will" is also developed and improved by the repeated use of it as a motor force; and a man who, daily, in spite of the different discomforts of fatigue, sustains energetic and prolonged muscular efforts, acquires a greater power of "willing," and, as a result of this, certain changes in his moral disposition which we may call physical courage. Physical courage is increased markedly by the habituation to bodily exercise; it helps a man to brave all forms of material danger. The most remarkable proof of this is shown by prize-fighters. We read in *Boxiana* of a man fighting on for an hour and a quarter after his left arm had been broken, and another continuing the combat for nearly an hour with a broken jaw.

It is well known to all of you that muscle has great vital energy, and long retains the power of action, provided that it receives sufficient stimulus. In most cases the loss of power of action shown by a fatigued man is not due to the muscular system, but to the "will"—the stimulus of muscular contraction—which gives out under the influence of prolonged work long before the muscle has lost its contractile powers. One sometimes see a vigorous man lose his muscular power all at once when his "will" is paralysed by a depressing emotion, such as fear. An exciting passion, like anger, on the other hand, increases muscular power because it stimulates the "will." This explains the great difference between the capabilities for work of two equally muscular men: one, better gifted in the matter of "will," can produce from his muscles a force which the other leaves in them latent.

The spinal cord undoubtedly gains increased powers of automatism by constant practice. This is seen in the performance of difficult and rapid movements. In most sports, but specially in boxing and fencing, actions often have to be performed so quickly that there cannot be time for the successive co-ordination of all the movements. Until a man can perform them automatically, he can never hope for success against a first-class opponent.

How is a man to know when exercise has ceased to be healthy work, and is becoming a source of danger to him as over-work? Fatigue shows itself differently in trained and untrained men. The untrained man rapidly dissimilates his reserve tissues; and his excretory organs being unable to eliminate the waste products of metabolism he suffers from an auto-intoxication, shown by either a febrile condition, sometimes of great severity, or a general nervous prostration and lowering of all the functions. The trained man becomes "stale:" this means that the excessive work he has undergone has consumed not only the reserve materials not directly concerned in movement, but that the combustions have attacked the man himself, considered as a machine, and his muscular tissue.

A well-trained man presents a perfect balance between income, in the form of food, and expenditure, in the form of work. If a man takes violent exercise, and his nutriment is proportioned to the work, the system can regain its losses; and as the work has a tendency to distribute the assimilated materials to the organs participating in the action, the muscles become stronger. But if insufficient food is taken, or what comes to the same thing, if the nutriment introduced into the stomach is not assimilated, there is a disproportion between the expenditure of energy demanded by the animal machine, and the quantity of fuel supplied to it from without. Now, movement cannot take place without heat, and heat cannot be produced without combustible materials. Thus, in default of sufficient food, when the reserve materials have been consumed, the essential organs of life have to serve as fuel. The result is known as becoming "stale."

4. It is a fact that different exercises produce different effects on the system. Hence the use of a rational classification of the various exercises, and the necessity of choosing that which will produce the effect desired.

Practically we shall classify muscular work under the headings of (*a*) exercises of strength, (*b*) of speed, and (*c*) of endurance.

(*a*) We call *exercises of strength*, those in which each movement represents a great quantity of work, and demand the simultaneous action of a large number of muscles, and in which every muscle used brings its whole force into play. To produce this result, it is necessary that the muscle should have a very firm attachment to a fixed point of the skeleton. Now the bones of the skeleton being movable on each other, it is impossible for a man to use his whole strength unless he solders it into one solid piece by contracting every muscle in his body. Watch a man lifting a very heavy weight. He takes a deep breath, his whole body stiffens from head to heel; even his facial muscles share in the general rigidity. He must use his whole muscular power and will. This is called effort. The rigidity of the thorax necessarily stops respiration; and as the action of all the muscles produces a large amount of waste products, breathlessness very quickly results. This stops a man long before his muscles are fatigued. Wrestling is the only sport in this class of exercises of strength. Of course, tricks and feints are a large part of wrestling; but when two men of fairly equal strength have really gripped, an enormous amount of muscular force is used. Exercises of strength are favorable to all the nutritive functions. The nutrition of muscle is better in slow contractions, because the flow of blood is more regular and prolonged. The nervous system is not fatigued, as it is in exercises of skill or speed, for there is not the same amount of co-ordination on frequent repetition of movement. That these theoretical considerations are based on facts, is proved in the persons of navvies and others who take work in large doses. The danger is strain of all kinds, muscular and organic, *e.g.* hernia, dilated heart, &c. The work done in these exercises must be increased gradually, otherwise the reserve materials will undergo a too rapid dissimilation, and an excessive quantity of waste products will be produced, causing auto-intoxication. This explains the fevers of over-work, specially frequent in artillery recruits. If a man wants to get from his muscles a quantity of force, out of proportion to their contractile power, he makes an effort of will, and expends a lot of nervous energy in exciting more powerfully his weak muscular fibres. He can thus perform a work beyond his strength; but it is by taking "from his nervous system" that which his muscles are unable to give. This leads quickly to nervous exhaustion; the man gets thin, eats and sleeps badly; and however well he is fed, he soon breaks down.

(*b*) We call those exercises which need the very frequent repetition of muscular movement, *exercises of speed*. A man who goes slowly up a staircase with a heavy burden on his shoulders is doing a work of strength. A man sprinting on a cinder path is performing an exercise of speed. Both of them do a great quantity of work in a very short time, one by slow movements, each involving a great expenditure of force; the other by rapid movements, each representing a very much smaller quantity of work, but accumulating in the end to a considerable expenditure of force. Among the ancients the exercises of speed always held first rank. Running was regarded as a criterion of athletic superiority; and one of the chief characteristics of Achilles in Homer was his quickness on his feet. The increased activity of the respiratory function is the same as in exercises of strength, but the fatigue of the lungs and heart is less, owing to the absence of 'effort.' The muscles will not develop so much, because the flow of blood through them is less than it is in slow, intense contractions. Observation of actual facts bears this out. Every one knows the enormous muscular development of the "strong men" at fairs; also that professional runners and fencing masters are generally slender and thin. On the other hand, exercises of speed develop more than any others the size of the chest; and no exercise improves the breathing more rapidly than long-distance running. The difference in irritability of muscles of different men is very noticeable. To some of us, rapidity of movement is natural, and demands no great effort. In others, a great expenditure of nervous energy is necessary to produce it.

These differences are often racial: the quick, springy step of a Southroner contrasts forcibly with the deliberate stride of a North-

erner. English and German fencers have never been as good as the French and Italians.

The fatigue which follows exercises of strength is felt mostly in the muscles; that which follows exercises of speed is a kind of exhaustion accompanied by nervous excitability or prostration, which often prevents appetite and sleep. The great expenditure of nervous energy that speed exercises require, often causes loss of weight, in the same way that a man rapidly becomes thin under the influence of continued mental distress or very sustained intellectual work. This is probably due, not so much to excessive expenditure, as to defective repair.

The amount of work got through may be very large; and unless a man is well trained, the nutrition of his muscles being ineffective during work, "stiffness" is produced. From this fact we can explain why young folks stand speed exercises better than those of endurance, for the adaptive power of their respiratory organs allows them to eliminate most of the waste products of metabolism rapidly. But they cannot stand any long-continued work, because dissimilation is much more rapid in children than in adults, for young tissues have less stability than adult tissues; and the ineffective nutrition of their muscles, plus the accumulation of some of the waste products, causes febrile "stiffness" and signs of overwork. Young soldiers are excellent for rapid manœuvres, and veterans for endurance.

(*c*) We call *exercises of endurance*, those in which the work must be continued for a long time. The muscular effort must be slight, and the movements not too rapid, in order that no appreciable disturbance may be produced in the system. It is difficult to classify exercises under the heading of endurance. For example, walking—a typical exercise of endurance—may in racing become a speed exercise, or in mountaineering almost an exercise of strength. Again, what to one man is an exercise of strength or speed, may be to a stronger or better trained man an exercise of endurance. Some men have extraordinary powers of resistance, or "staying power," due chiefly to respiratory capability. In order that an exercise may be long continued, it must not cause breathlessness. We can go on walking in spite of weary legs and sore feet; but we cannot go on running when we are out of breath. Unless a man can eliminate the excess of waste products as fast as they are formed, he gets intoxicated by them, and has to stop. Physiologically, the effect of exercises of endurance is to stimulate all the organs, and to allow the system to repair, even during work, most of the disturbances which occur in the machine. They do not demand the great inspiratory efforts which force all the air-cells of the lungs to open out, and so do not modify the shape of the chest and enlarge its capacity as exercises of speed do.

The true cause of this fever or prostration from over-work is often overlooked, and other causes are sought for to explain it. For example, in the case of cyclists it was put down to vibration; but the vibration on the foot-plate of a locomotive is far greater than that on a cycle, and yet engine drivers do not suffer from it. The real reason why pneumatic tyres to a great extent overcome this trouble is that they, roughly speaking, reduce the amount of work done by one third.

5. Having studied the broad classification of exercises and their effects, let us see how they may be applied by our would-be athlete. Is his chest flat? Has he no staying power? Does exercise make him stiff, and leave him with aches and pains for days afterwards? Well, muscular work is a regulator of nutrition which will enable him to get rid of his stored reserve materials, or will stimulate his cells to increased activity, arouse his sluggish functions, increase his weight, and make him a healthier man. If his chest is flat, exercises of speed and strength will increase its capacity. Speaking of the capacity of the chest, it is a good example of the slight knowledge of the mechanism of exercises possessed by many medical men. A course at a gymnasium, or dumb-bell work is generally recommended. This will increase the thickness of the thoracic parietes, but the cavity will remain small. It is the intra-thoracic space which must be amplified in order to increase the respiratory power. Now there is only one way of increasing this space, and that is, to increase the volume of its contents, the lungs. After the absorption of pleuritic effusions, when the lung is tied down by adhesions, the chest flattens, however strong the inspiratory muscles may be; and, *vice versâ*, in emphysema, the lungs raise the ribs without the aid of muscles. Singers, with no other exercise but singing, acquire great respiratory powers and a remarkable increase in the dimensions of their chests. No: running for a boy, and skipping for a girl, are the best means of developing the chest.

Let a man of poor physique acquire a good one before he starts on any serious competitive work; and, above all, let him be sure that he is free from any organic disease. If this were always done, we should hear less about the evils of sport. All of us have seen men utterly unsuited for any form of severe muscular work, playing football, boxing, and rowing in scratch eights. Naturally the results are often disastrous.

The branch of athletic sport that a man takes up is a matter of taste, probably largely influenced by his physical conformation and natural aptitude. Generally speaking, most strong, healthy men like football. Boxing and cricket require in addition very quick sight. An oarsman needs staying power, and a strong back and thighs. A sprinter must possess great power and determination. A long-distance runner, a medium weight and a proportionately large thorax. Fencers and jumpers a peculiar nervous temperament, and very irritable muscles. Gymnasts and swimmers, medium size and good general muscular development. For weight-putting, hammer-throwing, and feats of strength, exceptional size and large muscles are required. Taking all things into consideration, combined sports like football, cricket, and rowing are the best. A man learns discipline, the sacrifice of individual interests for the common good; and he gets a sense of hearty good-fellowship and trust in the rest of his team or crew that can hardly be obtained otherwise. In fact he gains the quality we call "staunchness." The form and amount of training that a man must undergo will vary somewhat in the different branches of athletics. Necessarily his preparation must be more complete and careful for running than for cricket. It must also vary according to the bodily habit of the individual; the spare man of nervous temperament requiring less preparation generally than the stout sanguineous one. But in all cases its general principles are the same; and if I can make these clear to you, you will not need to be told exactly how many ounces of this or that you are to swallow in the twenty-four hours. Most trainers and books tell us little about the training of the nervous system; yet before all others this is the most important. Judgment—or in other words, the knowing one's own capabilities to a nicety,—and the self-control necessary to make a man hold himself in at the beginning of a race, so as to have a bit up his sleeve for a tight finish, or the last quarter of an hour of a match; the determination necessary to get the last ounce out of himself, and the instantaneous diagnosis of the psychological moment when he is to do so,—all these things can be acquired; but how is a man to train his nervous system to attain them? That it can be done, is proved in the persons of all the finest athletes. Necessarily the nervous system must be largely allowed to train itself. It tells a man when he is fagged very clearly: never disregard its warning. With time, practice, and determination, increased power and improved co-ordination of muscular action will result.

Judgment can only be acquired by experience. Performing in company of better men than oneself, always taking every opportunity of seeing, and carefully thinking over, the methods of the best exponents in the particular branch of athletics that you wish to excel in: these and these only will enable a man to take one of the highest places in the athletic world. One sees the results of neglecting these principles so often in a sport that I am very fond of, viz. golf. Two men begin; the one keen only to win every game he plays; the other anxious only that he should apply his force in the best possible way, and acquire good style and judgment. The first man wins all the matches at the beginning of the couple's golfing career, because he is content to get the ball along anyhow: he improves up to a certain fixed point, limited by his style and judgment; then he may play regularly all his life without further progress. The other man acquires, regardless of immediate failure, the way of getting the best possible result from his muscles, and he then rapidly improves up to a point limited only by the amount of practice he can get and the judgment he possesses, sooner or later quite outclassing his old opponent. A good "grounding" is just as essential in physical as it is in mental education. Every man must be a guide unto himself as to the amount of muscular exercise he requires, for it varies greatly with different individuals. I have said before that so long as a man's income as to food, and his expenditure as to work, are balanced, nothing but good can result. If a man is not improving under his course of work, let him look for the cause: it very probably lies in faulty style. Now as to his mode of life: to change a man's habits suddenly, even if the change be for the better, is not always judicious. Let the changes come gradually. Let him take eight or nine hours' sleep on a moderately hard bed, without being smothered with blankets; and keep fresh air in his bedroom by always having the window a little open. Directly after he gets up should come a cool tub, or a plunge and a short swim in the summer, followed by a brisk rub down with a rough towel. Do not forget that a bath has two distinct objects, cleansing and tonic action.

Dabbling about in cold water when you are heated by exercise

never did anybody any good; but a quick plunge or cold shower-bath is a powerful tonic.

As to clothes, nothing is so good as wool; remember that a trained man has little or no subcutaneous fat, so cools down rapidly and is liable to chills, and catches cold easily. A good test of material is whether you can breathe easily through it. If this is an effort for the lungs, then it is a still greater effort for the skin.

Now as to diet; nature tells us how much food we require. When your natural appetite has been satisfied with good plain food, you have had all that is necessary for the restoration of the tissues. Have no pickles or sauces on the table; they stimulate to eating beyond the true appetite. It is best to limit the meal to two or three courses, as a too great variety of foods, possessing different flavours, also stimulates to over-eating.

Most men cannot digest certain articles of food comfortably; avoid them, and do not tax the energies of your digestive organs with substances giving no adequate return for the labour. One of the most celebrated athletes we have ever had at Bart.'s—I allude to Mr. Budd of "Rugger" fame,—once said at a football dinner that lunching at the bun shop produced "amyloid degeneration": this is true from an athletic point of view, if not from a pathological one.

The amount of liquid to be drunk should be, to a large extent, regulated by nature's desires, bearing in mind that no more should be taken than the stomach can readily absorb. There are three kinds of thirst. Firstly, general thirst, which is the expression of the demand for liquid experienced by the whole system; for this the cure is drink; non-alcoholic liquid is best. Secondly, local thirst, caused by the rapid breathing of warm air impregnated with dust, drying the mucous membrane of the throat and pharynx. Washing out the mouth freely and drinking a little water slowly will quench this. Thirdly, non-athletic thirst, caused often by the presence in the stomach of some irritating article of salted or spiced food; this requires fluid for its dilution.

It is a vexed question whether stimulants should be allowed to a man in training, or not. Most authorities say no; and on the whole I agree with them. Undoubtedly, at the end of a long and trying race, alcohol will stimulate exhausted nature to still further efforts; but it does not create nervous power, it merely enables you to use up that which is left, and then leaves you more in need than you were before. To a man accustomed to smoking, a pipe (I make no mention of its size) at the end of the day's work surely does no harm, and sends him to bed in a contented frame of mind. After exercise a man should be well rubbed down with a rough towel; this aids nutrition considerably, and keeps the skin in good order. The astringent lotions and embrocations that many athletes are so fond of anointing themselves with are quite useless, and should only be used when counter-irritation is required. As to actual competition, keep your eyes open and *think*. Take advantage of any mistakes in judgment that an opponent may make, and if necessary save yourself as much as possible for a final effort; always try your hardest to win, and never forget that you are a sportsman and a gentleman.

Notes.

THE BRACKENBURY MEDICAL SCHOLARSHIP has been awarded to J. Hussey. G. Wedd is *proxime accessit.*

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THE BRACKENBURY SURGICAL SCHOLARSHIP has been divided between G. V. Worthington and H. Williamson—*equales.* J. P. Maxwell is *proxime accessit.*

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THE BENTLEY PRIZE for Reports of Surgical Cases has been awarded to T. J. Horder.

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H. T. MAW has taken the degree of M.D. at Cambridge, and J. M. Wrangham that of M.B.

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THE Eighth Decennial Contemporary Club of St. Bart.'s Hospital will hold its next dinner on Wednesday, July 8th, at 7.30 p.m., at the Café Royal. The Secretaries inform us that several old Bart.'s men have written complaining that they have received no intimation of the existence of the Club, and ask us to state that notices have been sent to all men as they have become qualified. Anyone who joined the Hospital between 1885 and 1895 and subsequently became qualified may become a member by writing to one of the Secretaries, Dr. A. A. Kanthack and Mr. H. J. Waring.

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DR. CARLYON, an old Bart.'s man, in practice at Yarmouth, Isle of Wight, has unfortunately been compelled to give up his practice on account of failing health. Dr. Carlyon has always taken a very keen interest in the affairs of Yarmouth, and it will not be an easy matter to fill the prominent place he occupied. His friends and patients have presented him with an illuminated address and a purse containing £112 10s. as a token of their appreciation of his work.

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MISS VOGAN asks us to express her thanks to the old Bart.'s men who voted for her nephew at the recent election at the Royal Medical Benevolent College. R. T. N. Vogan polled 4230 votes and headed the list of unsuccessful candidates; he will be a candidate again at the election next May, and will, we hope, be successful.

* * *

AN interesting account of the life of Dr. Salmon, of Penllyn Court, Glamorganshire, appears in the June number of *Health News.* Dr. Salmon died on May 10th, 1896, at the age of 106 years and 2 months. He was an old Bart.'s man, and had lived an active life till within a little of the end. It is interesting to notice that he drank about a quart of ale every day, a pint at midday and a pint with dinner. He drank wine regularly, preferring port to all other kinds, but became a water drinker for the last week of his life. He was not much of a smoker, but occasionally smoked cigarettes.

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SPECIAL attention is drawn to the Mid-Sessional Meeting of the Abernethian Society in the Medical Theatre at 8 o'clock on July 9th, when Dr. Gee will deliver an address on "The Conflict of Medicine with the Small Pox."

Amalgamated Clubs.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* STOICS.

This match was played on May 9th on our ground. We won the toss and sent in Randolph and Jeaffreson. Randolph was soon out, but Greaves and Jeaffreson added 30 before the latter was bowled. Greaves continued to play well, but could get no one to stay with him. He was bowled when he had made 27, the innings soon after closing for 62. When the Stoics went in they did even worse than we had, being all out for 51. None of the batsmen appeared comfortable with the deliveries of Ross and Pank; Pank took 6 wickets for 31, and Rose 4 for 18. We went in a second time and scored 38 for four wickets, Greaves again doing well. We thus won our first match by the narrow margin of 11 runs.

SCORES.

ST. BARTHOLOMEW'S HOSPITAL.

1st innings.		2nd innings.	
W. H. Randolph, c Bramwell, b Roberts	1	b Leggett	3
A. E. Jeaffreson, b Roberts	13		
H. S. Greaves, b Haycraft	27	b Cowlishaw	19
E. F. Rose, b Roberts	5	not out	2
H. W. Whitwell, c Bramwell, b Haycraft	0		
J. C. Sale, b Roberts	5	b Cowlishaw	4
F. H. Maturin, c Eveny, b Roberts	5	b Cowlishaw	0
H. E. Scoones, b Roberts	0		
G. C. Marrack, not out	2		
H. J. Pickering, c Bramwell, b Haycraft	1		
H. W. Pank, c E. Roberts, b Haycraft	0		
Extras	3	Extras	10
Total	62	Total (for 4 wkts.)	38

STOICS.

A. E. Eveny, b Rose	13
C. E. Lee, b Rose	2
L. Cowlishaw, b Rose	18
A. W. Bramwell, c Marrack, b Pank	4
W. J. Haycraft, b Pank	1
C. E. Roberts, st Maturin, b Pank	0
C. C. Roberts, b Pank	0
C. Haywood, b Rose	5
L. M. Leggett, c Pickering, b Pank	2
C. E. G. Lee, b Pank	3
B. Rennie, not out	1
Extras	2
Total	51

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
E. F. Rose	14	5	18	4
H. W. Pank	15	4	31	6

ST. BARTHOLOMEW'S HOSPITAL *v.* RICHMOND.

This match was played at Richmond on May 20th, and ended in the first defeat of the Hospital by 67 runs. Richmond won the toss, and started well, Dr. Elliott and Bush putting on 41 for the first wicket. At length Willett, who had taken the ball from Rose, brought about a change, getting three wickets in quick succession. After lunch Bush was caught at slip for a fine innings of 45. Nettleton and Hincks scored freely, but the remainder failed before the bowling of Rose, who was in great form after lunch. Rose's analysis read five wickets for 39. Willett and Pank bowled well at times, but the latter met with bad luck.

Our innings opened sensationally, a leg-bye being the only score when the third wicket fell. Willett and Sale then made a great stand, taking the score to 42 before the fifth wicket fell, but six wickets were down for 48, Denham having captured them all. Willett was out at 52 for a plucky innings of 32; he went in with the score at 1 for three wickets, and owing to his efforts we were enabled to make a fair score. Bond and Marrack added 37 for the eighth wicket, Marrack hitting vigorously for 23 not out. The innings closed for 97, a higher total than seemed likely at one time. Denham was the most destructive bowler, capturing seven wickets at a very small cost.

SCORES.

RICHMOND.		ST. BART.'S.	
Dr. G. Elliott, c Pickering, b Willett	17	H. E. Scoones, b Denham	0
E. A. Bush, c Pank, b Willett	45	H. J. Pickering, b Denham	0
Capt. Fleming, b Willett	0	H. S. Greaves, b Denham	0
H. B. Denham, b Pank	3	E. F. Rose, c Francis, b Denham	0
R. N. Hincks, c Willett, b Rose	36	J. A. Willett, c Francis, b Fleming	32
F. P. Francis, c Scoones, b Rose	11	J. Sale, b Denham	12
F. W. James, c Rose, b Pank	30	H. W. Whitwell, c Nettleton, b Denham	0
E. Nettleton, c Scoones, b Rose	2	H. Bond, c Elliott, b Williams	13
E. Nicholson, b Rose	0	C. A. Ridout, b Denham	1
D. A. Bacon, b Rose	1	G. C. Marrack, not out	23
W. Williams, not out	5	H. W. Pank, c Elliott, b Williams	0
Extras	14	Extras	16
	164		97

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
E. F. Rose	15.4	4	39	5
H. W. Pank	22	5	59	2
J. A. Willett	13	1	37	3
J. C. Sale	4	1	15	0

ST. BARTHOLOMEW'S HOSPITAL *v.* CRYSTAL PALACE.

This match was played on May 28th at the Crystal Palace, and resulted in a win for the Palace by 72 runs. We played with ten men, and had a very weak team. Our opponents batted first, and were disposed of for 146. Capt. Fleming hit hard for 34, and later Dr. Umney batted well for 33 not out, though he was missed twice—once before he had scored. Sale and Skey bowled very well, the former obtaining 5 wickets for 43 and the latter 5 for 62. We had done well to get rid of our opponents so cheaply. Bond and Simmonds started well, scoring 36 before Simmonds was given out l b w. Bond left soon after, having played very well for his 22. Of the rest Skey was the only one to do anything with the bowling of Turner and Umney. We were all out for the very poor total of 74. On following on we did much better, Pickering hitting freely for 37; Scoones also played well for 31 not out.

SCORES.

CRYSTAL PALACE.

S. Colman, l b w, b Sale	23
E. G. Turner, c Sale, b Skey	18
Capt. Fleming, b Skey	34
F. D. Pawle, c and b Skey	3
G. E. Bicknell, b Skey	10
F. C. A. Thompson, c Skey, b Sale	1
F. C. Burchard, l b w, b Sale	13
Dr. W. F. Umney, not out	33
M. Moberley, b Sale	0
W. E. Burcher, c Rose, b Sale	1
E. T. Campbell, b Skey	0
Extras	10
Total	146

ST. BART.'S.

1st innings.		2nd innings.	
H. Bond, c Pawle, b Turner	22		
E. G. Simmonds, l b w, b Turner	9	b Campbell	17
A. R. Skey, b Umney	15		
E. F. Rose, b Turner	1		
J. C. Sale, b Umney	3		
H. E. Scoones, b Umney	1	not out	31
G. C. Marrack, b Turner	9		
C. G. Watson, c Turner, b Umney	8	c Barber, b Bicknell	2
H. J. Pickering, b Turner	0	b Burchard	37
A. H. Bostock, not out	1	c Fleming, b Burchard	0
Extras	5	Extras	12
Total	74	Total (for 4 wkts.)	99

BOWLING ANALYSIS.

	Overs.	Maidens.	Runs.	Wickets.
E. F. Rose	9	2	31	0
A. R. Skey	25.2	6	62	5
T. C. Sale	17	3	43	5

ST. BARTHOLOMEW'S HOSPITAL *v.* KENSINGTON PARK.

This match was played on Kensington Park Ground on Saturday, May 30th. The result was a draw; we required at the finish 32 runs to win and had two wickets to fall. We again lost the toss, Kensington Park starting with the bat. Their total reached 217, to which the chief contributors were Seaton 43, and Winter 38, Next also batting well. Our innings was characterised by even scoring, nearly all getting into double figures; the best effort was that of Pickering, whose 47 was the result of hard and clean hitting. Sale and Maturin made an excellent stand for the second wicket, taking the score from 26 to 60 before Maturin was bowled for 25; Sale left soon after, having also obtained 25. Towards the close, Marrack hit well for 25. Our fielding on the whole was very good, the catch by Maturin which dismissed Currie being worthy of special mention.

SCORES.

KENSINGTON PARK.		ST. BARTHOLOMEW'S HOSPITAL.	
W. Winter, b Whitwell	38	H. Bond, l b w, b Seaton	12
D. C. Lee, c Marrack b Pank	16	F. H. Maturin, b Seaton	25
G. K. Hext, b Whitwell	34	J. C. Sale, b Seaton	25
E. H. Seaton, c Pank, b Willett	43	J. A. Willett, b Abney	0
T. H. C. Lerick, b Whitwell	0	H. E. Scoones, l b w, b Abney	11
M. A. Nicholas, c Bostock, b Sale	34	H. J. Pickering, b Abney	47
H. D. Nicholas, c Maturin, b Willett	2	H. Whitwell, c Currie, b H. Nicholas	6
S. Christopherson, c Whitwell, b Pank	9	C. A. S. Ridout, run out	12
L. E. G. Abney, run out	10	G. C. Marrack, c Lee, b Abney	25
W. H. Currie, c Maturin, b Pank	0	C. G. Watson, not out	12
A. Davies, not out	6	A. H. Bostock, not out	5
R. Henriques, b Pank	7	H. W. Pank did not bat	
Extras	18	Extras	6
Total	217	Total (for 9 wkts.)	186

PAST *v.* PRESENT.

This match was played at Winchmore Hill on June 6th before a large attendance of spectators, including many of the fair sex. It is much to be regretted that the student element was conspicuous by its absence. The encouragement afforded to a team by the cheers of its partisans can scarcely be overrated, and the want of public spirit displayed by Bart.'s men on this occasion is most deplorable. It is to be hoped that this defect will be remedied by a better attendance on the occasion of our Cup Tie. For the first time this year the wicket favoured the bowlers, and as matters turned out it was lucky for us that we lost the toss.

The Past batted first on a difficult wicket, sending in Simmonds and Newington to face the deliveries of Rose and Pank. Simmonds was soon dismissed by Rose, but on Carson's appearance the only stand of the innings was made, resulting in an addition of 25 runs. The second wicket fell at 32, Carson falling a victim to Pank. Heasman, of whom much was expected, followed in, but had only scored three when, in trying to drive Pank, he was easily caught by Whitwell at third man (35—3—3). Newington was the next to go, being caught at the wicket by Bond off Rose, who had already beaten him more than once. His 21 proved to be the highest score of the innings. The bowlers now obtained the upper hand, the next three wickets only adding two runs. Willett's catch which dismissed Hoogan, is worthy of mention (38—7—1). Cobbold made several good strokes, but should have been easily taken by Rose at slip off Pank. With his dismissal the innings closed for 51, our opponents batting one man short. Rose and Pank both bowled with great success, the former coming out with the excellent analysis of 5 wickets for 19 runs.

Our innings was opened by Bond and Randolph, but only 8 were scored when Bond fell to Drake at mid-off. The second wicket fell at 21, of which number Randolph, the outgoing batsman, had scored 10. Rose failed to score, but on Greaves joining Pickering the score was taken to 40 before the latter was bowled by Heasman for 6. Willett joined Greaves, but only 8 had been added when Greaves, who had played well for 21, was caught by Cobbold off Heasman (48—5—21). The catch was a very fine one. On Sale partnering Willett the best stand of the innings was made. Both men played in good style, and 41 runs were added before Cobbold caused a separation by holding a hot return from Willett (99—6—15). Scoones saw the century hoisted, and was then caught off Hoogan, Marrack soon after falling a victim to the same bowler. Whitwell joined Sale, and runs came much faster. At 120 Sale fell to a good catch in the deep field by Rigge off Cobbold. Though at times he scored rather slowly, Sale's innings of 31 was a very good example of patient and stylish cricket (120—9—31). Pank joined Whitwell, and the two laid on to the bowling to a merry tune, Pank starting operations by hitting three fours. The score was taken to 163 before Whitwell, who had played in taking style, fell to an excellent catch by Nimmo off Hoogan. His innings of 26 was a very praiseworthy effort. Pank hit hard (for 18 not out), as he always does if he can manage to survive his first two overs.

Having a lead of 112 we put our opponents in again, when Heasman and Simmonds faced Scoones and Whitwell. Runs came at a good pace, and at 30 a double change was tried, Marrack and Sale replacing Scoones and Whitwell. At 51 Heasman was taken off Marrack, and the next two wickets quickly fell to Sale. Time arrived with the score at 57—3—3. Sale got his two wickets for 6 runs. The match thus ended in an easy win for us on the first innings. Our opponents were not a very strong lot, but the bowling of Cobbold and Hoogan was very good.

SCORES:

PAST.

	1st Innings.		2nd Innings.
E. G. Simmmonds, b Rose	3	c Bond, b Sale	13
C. W. H. Newington, c Bond, b Rose	21	b Sale	3
H. W. Carson, b Pank	8	not out	3
W. G. Heasman, c Whitwell, b Pank	3	c Whitwell, b Marrack	29
"E. Hoogan," C. Willett, b Pank	1		
F. H. Nimmo, b Rose	1		
C. S. Cobbold, c Willett, b Rose	12		
J. C. Shaw, b Rose	0		
D. J. Drake, c Scoones, b Pank	1		
J. A. M. Rigge, not out	1		
H. E. Wynter, absent	0		
Extras	0	Extras	9
Total	51	Total (for 3 wkts.)	57

PRESENT.

H. Bond, c Drake, b Cobbold	3
W. H. Randolph, c Heasman, b Cobbold	10
H. J. Pickering, b Heasman	6
E. F. Rose, c Heasman, b Cobbold	0
H. S. Greaves, c Cobbold, b Heasman	21
J. A. Willett, c and b Cobbold	15
J. C. Sale, c Rigge, b Cobbold	31
H. E. Scoones, c Heasman, b "Hoogan"	1
G. C. Marrack, c Simmonds, b "Hoogan"	5
H. Whitwell, c Nimmo, b "Hoogan"	26
H. W. Pank, not out	18
Extras	27
Total	163

BOWLING ANALYSIS.

1st innings.

	Overs.	Maidens.	Runs.	Wickets.
E. F. Rose	11.2	4	19	5
H. W. Pank	11.0	1	32	4

2nd innings.

H. E. Scoones	6	1	14	0
H. Whitwell	6	0	18	0
G. C. Marrack	3	1	10	1
J. C. Sale	2.3	0	6	2

LAWN TENNIS CLUB.

The officers for the year are—President, Howard Marsh, Esq.; Captain R. F. Baird; Hon. Secs., F. E. W. Shewell and F. E. Price. There are five old members available for the 1st team, and S. Bousfield is playing again after a year's absence, so our chances in the Cup ought to be good. At present there have been 10 matches played, with the result that the Hospital has won 5 and lost 5.

First Match, v. Connaught L.T.C.—Our team was not representative, and all were much out of practice. Consequently we lost 6 singles and 3 doubles to our powerful opponents.

Second Match, v. Corpus Coll., Cambridge.—This was a very pleasant match indeed, and the Corpus men entertained us subsequently in princely style. Baird and Shewell won 3 rubbers, and the other two pairs one each, with one drawn. The Hospital won 5—3.

Third Match, v. Albemarle L.T.C.—The Hospital lost this match 3—6. Baird and Shewell won 2 rubbers, and Wood and Bell 1. The courts at Winchmore Hill were not good.

Fourth Match, v. Winchmore Hill.—Result, lost 3—6. Our team was not at all representative, while our opponents had nearly their full strength.

Fifth Match, v. Connaught.—The Hospital won this return match by 5 rubbers to 1. Only two rounds of doubles were played. Baird and Shewell won 2, as did Marsh and Bousfield. Wood and Price won 1.

Sixth Match, v. Wanstead L.T.C.—Six singles and 3 doubles were

played. Shewell, Bell, and Price won their singles, and the Hospital won all the doubles. Result, won 6–3.

Seventh Match, v. Hornsey L.T.C.—Result, won 5–4. Baird and Shewell won 3 rubbers, and Price and Barnes won 2. Wood and Bell were unfortunate.

Eighth Match, v. Surbiton L.T.C.—In this match Price and Wood did well in winning 2 rubbers, while Baird and Bousfield, and Marsh and Bell each won one. The return ought to result in our favour.

Ninth Match, v. Albemarle L.T.C.—This return match was disappointing. The fact of playing with balls to which we were unused may have put our team off, but we ought to have won more rubbers than three. Baird and Shewell won 2 out of 3.

Tenth Match, Past *v.* Present.—The old Bart.'s team were one short, and Harris very kindly played as substitute. Crossley and Williamson for the Past were a strong pair, and won all 3 rubbers, and Padwick and Weir won 1. The upper courts at Winchmore Hill were used, and are better than the lower ones, though this is not very high praise. There were a fair number of visitors to the ground, who watched the match with considerable apparent interest.

It has been very difficult up to the present to obtain a full representative team for any one match, and the pairs have necessarily had little practice together. This is a great handicap, but appears unavoidable. Our present second pair, S. Bousfield and J. K. N. Marsh, should be very good with more practice together. The probable third pair is not yet fixed. The team want more practice in singles before the Cup Ties, which take place on June 22nd and following days at Chiswick Park. Our most formidable opponent will be, as last year, St. Thomas's.

The Lawn Tennis Cup Ties commence on Monday, June 22nd, at Chiswick Park. It it to be hoped that, as we have a much better chance of winning the Cup than in previous years, men who take an interest in the game will put in an appearance at the ground. The attendance, for the last two years at any rate, has been exceedingly meagre The draw takes place on Monday, June 15th, and full particulars will be posted on the screens.

The Hosp'tal team will be the following:—H. W. Shewell and R. F. Baird; S. Bousfield and J. K. N. Marsh; V. Bell and F. E. Price or P. Wood.

Abernethian Society.

ON March 5th an ordinary meeting of the Society was held, the President, Dr. H. B. Meakin, in the Chair. Mr. J. W. W. Stephens read an able and interesting paper on "Marriage of Kin."

The reader gave a short history of marriage, excepting the now imposed marriage restrictions, whose origin it was found impossible to trace. The various reasons which have been brought forward in support of the limitations set down by the Prayer-book were quoted. The injurious effects on offspring resulting from marriage of kin formed the subject of the greater part of the paper. With the aid of statistics it was shown that the evil results of marriage of first cousins were non-existent wherever the parties of the marriage were sound in constitution. The Pitcairn Islanders were instanced; large numbers of them have only to go back to 1800 to find a common ancestor, and yet the race is a very fine one. The author admitted that if there be a weak spot in a family history it is liable to be intensified by marriages of kin, but the same held good in a marriage between two strangers both exhibiting the same defect. After a discussion the meeting adjourned.

At an ordinary meeting held on March 12th, Dr. H. B. Meakin read a paper entitled: "The Shape of the Hard Palate as an Indication of Neurotic Inheritance."

The paper was based on many observations made by the author at Banstead and Wandsworth Asylums and elsewhere, and contained a summary of observations made by the recognized authorities on the subject under discussion.

Dr. Meakin having defined the meaning he intended to convey by the words neurotic inheritance, described in detail the various abnormalities in shape to which the hard palate is liable, illustrating them with diagrams, and several living examples selected from among the out-patients of the Metropolitan Hospital. Clouston's three types of palate—the normal, neurotic, and deformed—were described, and statistics were given showing the relative frequency with which the different types were met with among the sane, the congenitally insane, cases of acquired insanity, and cases of adolescent insanity. The high percentage of palates belonging to the "deformed" type met with in cases of adolescent insanity—the most hereditary of all mental diseases—was particularly pointed out.

Several families were described in which there was undoubted neurotic taint in the parents, showing itself in some and not in others of the children. In every case the shape of the palate coincided with the mental condition. Those children who were neurotic had palates belonging to either the neurotic or deformed class, while those who seemed to have escaped the hereditary taint had palates of the normal type. The palate was not, however, to be taken as an absolute sign of the presence or absence of neurosis, but as a very valuable and generally accurate aid in diagnosis.

On March 19th the President, Mr. J. K. Murphy, being in the chair, a paper entitled "Medicine in the Seventeenth Century," written by Mr. C. C. Ingram Turnbull, was read by the Hon. Secretary, the author being unavoidably absent.

A long and detailed account of medical methods in the seventeenth century was given. The costumes worn, and fees received by doctors of that time were mentioned. The rise of the medical and surgical schools both in England and on the Continent was traced, and several references made to St. Bartholomew's Hospital as regards the first admission of students, and the appointment of lecturers. The paper concluded with the following quotation. "The most precious capital of states and society is man. To preserve and to maintain it intact as far as possible up to the unalterable limits of its duration is not only a precept which humanity teaches, it is the duty of every commonwealth in its own peculiar interest."

On March 26th the annual general meeting was held, the President, Dr. H. B. Meakin, in the Chair. The secretaries' report having been read, the following gentlemen were elected to hold office during the ensuing year. *Presidents.*—Mr. J. W. W. Stephens, Mr. W. R. Stowe. *Vice-Presidents.*—Mr. R. H. Bremridge, Mr. J. Hussey. *Secretaries.*—Mr. W. Langdon Brown, Mr. A. L. Ormerod. *Additional Committeemen.*—Mr. A. T. Compton, Mr. H. Williamson.

The Mid-Sessional Meeting of the Abernethian Society will take the form of a commemoration of the Jenner Centenary. Dr. Gee will deliver the address at 8 p.m. on Thursday, July 9th, in the medical theatre, his subject being "The Conflict of Medicine with the Small Pox." Refreshments will be served afterwards in the Library.

The Annual Dinner of the Amalgamated Clubs.

THIS annual fixture of the cricket and tennis teams took place on June 6th at the Amalgamated Clubs Ground at Winchmore Hill. Perfect weather and the hope of meeting old friends drew many to the ground, not a few being members of the gentler sex, amongst whom were several sisters and nurses. The Staff, too, turned up in force—on foot, in carriage, and on the ubiquitous bicycle. Several old Bart.'s men were present, but not nearly so many as we should like to see. A description of the cricket and tennis will appear in another place; suffice it to say that tea, cakes, and above all ices, were enjoyed by those who patronised the pavilion. Many had unfortunately to leave early, so as to change in time for the dinner in the evening.

The Annual Dinner of the Amalgamated Clubs was held after the match at the Holborn Restaurant. The dinner itself, which was rushed at a record pace, occupied so little a portion of the time, that the word "dinner" seemed a misnomer either for it or for the evening's entertainment.

Dr. Church occupied the Chair. About a hundred members and friends were present, including Mr. Marsh, Dr. Champneys, Dr. West, Mr. Bruce Clarke, Mr. Bowlby, Mr. Lockwood, Dr. Herringham, Dr. Tooth, Mr. Paterson, Dr. Shore, Dr. Calvert, Mr. Waring, Dr. Morley Fletcher, Mr. Furnivall, Mr. Weir, Mr. Sloane, and several old Bart.'s men. The Junior Staff were represented by only two members; the rest no doubt were prevented from attending by the engrossing arrangements for the forthcoming Summer Concert. The usual loyal toasts were given by the Chairman, and received with musical honours. Dr. Church then gave "The Amalgamated Clubs." The speaker referred to the present condition of the clubs, and the satisfaction that the ground at Winchmore Hill had given. The history of games involving the use of a ball or balls was touched upon. Dr. Church considered that such games were conducive towards the "mens sana in corpore sano." Such games were also a sign of

civilisation, both Romans and Greeks having been noted players. Galen himself recommended *ludum parvæ pilæ*. Tradition told us that for the origin of the great games of ball we were indebted to the fair sex, in Aganella, a fair maid of Cocyœa.

Dr. Church held up the Inter-Hospital Association Challenge Cup (which, by the way, ought surely to have been filled for the occasion), and spoke of it, amid great cheering, as being now in what he considered to be "its proper home." If we had not been equally successful in the other games, we had at least made a gallant try. The Cricket Cup had not yet been disposed of this year, and Dr. Church hoped we should be successful in our efforts to obtain it.

On the authority of the Treasurer (Mr. Bowlby) Dr. Church remarked on the extremely satisfactory condition of the finances of the Amalgamation. This was the second Annual Dinner of the Amalgamated Clubs, and there could be no doubt of its successful nature. The speaker's concluding words were, "I think this dinner deserves the support of all St. Bart.'s men. I look upon it as the most valuable link that has been forged between past and present Bartholomew's men. It is calculated to increase the efficiency and success of our Hospital School. It also tends to connect the Staff more closely with the School, and, speaking from an experience of now many years, I think our students regard us in most cases, not only as teachers, but also as friends. I will ask you to drink success and prosperity to the AMALGAMATED CLUBS OF ST. BARTHOLOMEW'S HOSPITAL."

The toast was received with very loud applause. Dr. Shore, in replying, spoke of the pride he felt in the position of President of the Finance Committee of the Amalgamated Clubs. Referring to the development of the clubs, Dr. Shore gave the number of members at the present time as 611; last year they numbered 450, while in the first year of the existence of the Amalgamation they figured at 240.

Touching on another department of the Amalgamation, the success of the JOURNAL was dealt with. The number of subscribers was now 1500, as opposed to 1000 and 500 in the two preceding years respectively. Dr. Shore gave the happy forecast that "as long as St. Bartholomew's exists, so long will the Amalgamated Clubs continue."

Mr. E. W. Woodbridge (Secretary of the Clubs) also replied to the toast with a sketch of the work done by the Clubs in the past year. Every branch of sport at the Hospital had gained in every way since the Amalgamation. The cricket had improved to such an extent that this year we had the best team that we had ever put in the field. Mr. Woodbridge hoped and believed that we should have the Cricket Cup in the Library at the end of this season. The Rugby team had played in the semi-final for the Hospital Cup, but had then been beaten by the excellent play of St. Thomas's (the present holders of the Cup) after a most successful season.

The matches played by the Association team showed a very good record, and they had ended the season by winning the Cup (terrific cheers).

Owing to the disablement of some of our best athletes we should not be able to place our best team in the field for the Athletic Shield, but Mr. Woodbridge hoped we should have a good chance of bringing the Shield back in spite of our misfortunes.

The toast of the "Old Bart.'s Men" was given by Mr. R. P. Brown. Mr. Brown urged in support of his toast that old Bart.'s men always took a great interest in their old School and in Hospital sport. In the matches that Bart.'s played it was always a great pleasure to meet old Bart.'s men among the spectators or in the opposing team. Mr. Brown alluded to prominent old Bart.'s men, mentioning in particular Dr. W. G. Grace, and Surgeon Captain Whitchurch, of Chitral fame. The names of Dr. W. G. Heasman and Surgeon-Captain Whitchurch were coupled with the toast.

Dr. Heasman said, in reply, that he wished more old Bart.'s men were present at the dinner. In attending the dinner old Bart.'s men look forward to meeting not only the students, but the Staff, and it was to be hoped that the Staff would be always well represented at the dinner. Dr. Heasman alluded to the very pleasant match they had played in the afternoon, and hoped that men now playing in the present team would soon pass the meridian of exams. and recruit the past team, so that the past team might make a better fight for victory than they had done to-day. The ground was a credit to any club, though it might be improved by the relaying of a thirty-five yards square. He regretted that Surgeon-Captain Whitchurch's name had not been placed before him. Surgeon-Captain Whitchurch was a man who had brought honour to the Hospital, and there was no old Bart.'s man who was not proud of Surgeon-Captain Whitchurch's deed of bravery, and who would not wish that he had done the same.

Surgeon-Captain Whitchurch, V.C., who was received with loud and prolonged cheering, remarked that he was a better listener than spokesman. In spite of the tasks imposed upon already overburdened students it was impossible to crush the spirit of sport in Englishmen. Old Bart.'s men at home and abroad all took a great interest in Bart.'s, and felt a reflected glory in hearing of the successes of our Hospital. Surgeon-Captain Whitchurch declined to detain his audience longer, on account of the length of the programme. There were, however, indications that his hearers would have listened with pleasure for some time longer.

Dr. H. B. Meakin gave the toast of "The Staff." It seemed to him, he said, almost superfluous to do more than point to the Staff, and say the single word "Drink." Our Hospital was what the Staff made it. The present Staff were one link in a long chain; there had been a Staff at Bart.'s for very many years, and Dr. Meakin was sure that when the crack of doom came there would still be a Bart.'s Staff. The present Staff had received the traditions handed down to them by their predecessors, and had not only cherished them, but had added to them.

Our Staff were our examples not only in the ordinary work of our profession, but in professional etiquette and courtesy. Our treatment of a fracture or our conduct towards another member of our profession would be influenced always by our observations of the Staff at Bart.'s. Few men realised fully the extent to which pride in our Hospital really meant pride in our Staff.

Dr. Meakin, in conclusion, spoke of the interest the Staff took in the Amalgamated Clubs and in the HOSPITAL JOURNAL, and mentioned the importance of the presence of the Staff at the Annual Dinner, since they were generally the only men present whom the old Bart.'s men were likely to know. Dr. Meakin coupled the names of Dr. Samuel West and Mr. Howard Marsh with the toast.

Dr. West, replying for the Medical Staff, said that though the attendance of the Staff at this dinner had been spoken of as if it were a duty, he did not think of the duty, but rather of the pleasure. It was a chance of meeting men one had little chance of meeting otherwise. The pleasantest friends were made on the cricket and football fields and in other branches of sport, and gatherings such as this gave opportunities of meeting them again. "If one meets a Bart.'s man one is certain to meet a friend; and if it turns out that he is a sportsman, as he is almost certain to be, he will be a right good fellow."

Mr. Marsh made some very kindly remarks about the JOURNAL, and said that an editor was often tempted to tear his hair, and to use language fit only for the golf ground. We all work, and we all play, but the mortar which binds the two together is the JOURNAL. Dr. Church had alluded to the *De Amicitiâ*; in thinking of the Staff Mr. Marsh was afraid the students would think of the *De Senectute*. The association of the Staff with the students kept them young, however, and *De Senectute* might be thought of in connection rather with the Hospital than with the Staff. The age of the Hospital made it quite possible for a man to have fought in the battle of Hastings, and to have afterwards been an out-patient at Bart.'s. Mr. Marsh promised to bring to the next dinner Mr. Luther Holden, who had just returned from Johannesburg, looking as hale as ever.

Mr. Bowlby proposed the toast of "The Chairman." Though there were no Sports and no Inter-Hospital Cricket in Dr. Church's day, yet he had been a first-class cricketer, and Mr. Bowlby regretted that Dr. Church had not figured in the "Past" team this year. Mr. Bowlby hoped that next year Dr. Heasman would pursuade Dr. Church to play for the old Bart.'s men—a hope which was endorsed by loud cheering. Dr. Church was responsible, as a member of the Select Committee, to a very great extent for the success of the Amalgamated Clubs, and for the excellence of the Pavilion.

The toast was drunk with musical honours and three cheers, "with one for Mr. Bowlby," and Dr. Church briefly responded, the dinner terminating with "Auld Lang Syne."

During the evening songs were sung by Dr. West, Mr. S. F. Smith, and Mr. Rae, who very kindly contributed to the programme. Dr. Haydon played a violin solo, and Mr. John Edgar, who accompanied at the piano, played some "Popular Airs" early in the evening. The musical programme was arranged by Mr. D. L. E. Bolton.

Inter-Hospital Sports.

THE Inter-Hospital Athletic Sports will be held at the Stamford Bridge Grounds on Wednesday, June 24th, at 3 o'clock. It is hoped that every one who is able will be present to encourage our team.

Round the Fountain.

By LINCOLN CRANBORNE.

"'LITTLE things please little minds' is an old saying, no doubt," remarked the Chronic, "but very true for all that; now there are one or two little things in this Hospital that might be improved by alterations."

"You are always grumbling," said the Enthusiast, "and the greatest grumbler is generally the greatest do-nothing; but what is your grievance this time?"

"The Hospital colours," replied the Chronic.

"Which are not colours at all," suggested the Fresher.

"What is the matter with black and white?" inquired the Enthusiast.

"This," replied the Chronic, getting quite excited, "they are being continually dragged in the dust, hopelessly prostituted to the execrable taste of a few."

"Phew!" whistled the Fresher, "poor few."

"Yes," continued the Chronic more vehemently, "I mean what I say; here you may see a little Bart.'s crest stuck on a brown ribbon—ye gods! a brown ribbon; and there some hopeless Philistine parading an ordinary black and white hat-band bought in the neighbourhood of Ludgate Hill."

"It's all 'Hope' for the wicked," interrupted the Fresher.

"Dress again!" wearily sighed the Enthusiast; "yet I agree with you in thinking that weird adaptations of Bart.'s glorious colours are to be discouraged."

"In fact, a bit off when on," said the Fresher.

"Men in your own year are most to blame," said the Enthusiast, severely, "and I would advise you to initiate a reformation movement amongst those 'new boys' whose ignorance is perhaps their only excuse."

"Another small point," remarked the Chronic, smiling at the discomfiture of the Fresher, "is the condition of the smoking-room."

"'Tis on a par with the condition of its habitués," said the Enthusiast.

"Who should inquire into these things?" asked the Enthusiast.

"I believe the Abernethian secretaries," answered the Chronic; "but they, poor mortals, are quite busy enough in looking after their own particular den."

"In spite of the disadvantages of the smoking-room," said the Fresher, "many men manage to spend most of their time lounging on its padded couches."

"Smoking the cigarettes of the unwary," sighed the Enthusiast. "For my part, I have given up smoking in the Hospital altogether; I found it quite impossible to live on a pound a week when five shillings disappeared in the smoke-clouds of my friends."

"'Tis certainly a nuisance," said the Chronic, "and a man will accept a cigarette who would decline a penny. But unfortunately there are many who possess neither."

"They are more expensive than dear as friends," put in the Fresher, who had a tendency to epigram.

"There is another class," continued the Chronic, "more trying if not so large; I mean the perpetual borrower, the 'could-you-possibly-lend-me-tuppence-till-Monday' man. Were his memory as excellent as his engaging manners it would not matter, but, alas!—"

"If you paid as much attention to Medicine as to idiosyncrasies of character, you might possibly pass in July," said the Enthusiast.

"If you could understand that all men aren't drug sinks," retorted the Chronic hotly, "you might possibly get on the Staff."

"Steady!" exclaimed the Fresher, who was getting alarmed, "no ructions."

"'Drugs and the knife,' 'Drugs and the knife,' that is your motto," went on the Chronic, still very excited; "you seem to forget there are other ways of curing disease; for instance, toothache in the musical is relieved by one visit to the Empire, while Exeter Hall is an excellent antidyspeptic for the literary."

"I have noticed that Jimmy's in large doses act as a powerful emetic," murmured the Fresher.

"If your opinions were generally held," sneered the Enthusiast, "I foresee a large field for a new form of advertisement; such as—'Why take medicine, when a single visit to the New Gaiety Burlesque will act as a certain cure for Gout, Rheumatism, Scurvy, Rickets, and Fractured Patella?'"

"Laugh on," replied the Chronic, who began to move away, "but young men with swollen heads are bound to burst sooner or later."

Junior Staff Concert.

THE Annual Concert given by the members of the Junior Staff and of the Musical Society will be held on June 26th, in the Great Hall, at 8 o'clock.

Appointments.

SAUNDERS, A. L., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the First South-Eastern District of the Freebridge Lynn Union.

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GARSTANG, THOS. W. H., M.A.Oxon., M.R.C.S.Eng., appointed Medical Officer of Health to the Winsford Urban District Council.

* * *

WOOLLCOMBE, W. L., F.R.C.S.E., M.R.C.S.Eng., L.R.C.P.Lond., appointed one of the Senior Honorary Surgeons to the South Devon and East Cornwall Hospital, Plymouth, *vice* Wm. Square, L.R.C.P.Lond., F.R.C.S.Eng., deceased.

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LYDDON, RICHARD, M.R.C.S.Eng., L.S.A.Lond., appointed Medical Officer of Health to the Urban and Port Sanitary Authorities, Deal, and also Surgeon and Agent to H.M. Coastguards for the Deal District.

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ADAMS, J., M.D., appointed Medical Officer of the Workhouse of the Eastbourne Union.

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LAMBERT, P., M.R.C.S., L.R.C.P., appointed Medical Officer for the No. 3 District of the Newbury Union.

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DAVISON, R. T., M.D.Aber., M.R.C.S.Eng., reappointed Medical Officer of Health to the Battle Urban District Council.

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PARKER, R. D., M.R.C.S., L.R.C.P., appointed House Surgeon to the Bridgwater Infirmary.

* * *

DRUITT, A. E., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.

* * *

POWELL, J. C., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to Brooke House Asylum, Upper Clapton.

* * *

DE SANTI, PHILIP R. W., F.R.C.S., appointed Lecturer on Aural Surgery to the Westminster Hospital Medical School.

* * *

PATON, E. PERCY, M.D., M.S.Lond., F.R.C.S., appointed Surgical Registrar to the Westminster Hospital *vice* P. de Santi.

Cases of Special Interest.

Medical.

Luke, bed 1.—Glosso-labial paralysis.
Luke, bed 7.—Tubercular peritonitis.
Luke, bed 8.—Paralysis of cranial nerves, &c.
Matthew, bed 9.—Pernicious anæmia (improving).
Matthew, bed 12.—Subcutaneous rheumatic nodules.
Matthew, beds 8 and 24.—Disseminated sclerosis.
Colston, bed 5.—Gonorrhœal rheumatism.
Colston, bed 21.—Unguelitis.
Hope, bed 9.—Gall-stone colic.
Hope, bed 20.—Leucocythæmia.
Mary, bed 10.—Abdominal tumour.
Mary, bed 4.—Ascites.
John, bed 19.—Hysteria.

Examinations.

FINAL M.B.LONDON—*1st Division.*—J. A. O. Briggs, A. Heath, T. P. Legg. *2nd Division.*—A. D. Ducat, J. H. Hugo, A. R. H. Skey, W. B. Warde.

* * *

FINAL FELLOWSHIP.—E. G. B. Adams, J. P. O'Hea, H. B. Maingay, F. E. Scrase, C. P. White, J. F. Wood.

* * *

FIRST FELLOWSHIP.—E. H. E. Stack, M.B., B.C.(Camb.), M.R.C.S., L.R.C.P., H. E. Harris, M.B.(Camb.), M.R.C.S., L.R.C.P.

Pathological Department of the Journal.

SPECIMENS sent by subscribers to the JOURNAL will be examined in the Pathological Laboratory and a report furnished under the supervision of Dr. Kanthack, at the following rate:

	s.	d.
Ordinary examination, Bacteriological or Pathological, such as tumour, membrane, or sputum .	2	6
Ordinary (qualitative) urine examination . . .	2	6

Any further report will be charged for at a special rate. If a mounted specimen is desired an extra charge of 1s. will be made. If a telegraphic report is required, the cost of the telegram will be charged in addition.

Specimens must be accompanied by the fee and a stamped addressed envelope, in which the report will be sent as soon as possible. Specimens, with, if possible, a short history of the case, must be addressed to "The Manager of the Journal," with "Pathological Department" written in some conspicuous place on the wrapper.

On application to E. H. Shaw, Museum Assistant, a set of bottles containing hardening fluids, and ready for sending away by post, can be obtained on remitting a postal order for 2*s.* 6*d.*

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

DEAR SIR,—No doubt many other old Bart.'s men will be as pleased as I am with the suggestion in Mr. Cripps' letter of the 23rd ult. that Past Students should subscribe to the Royal Medical Benevolent College, with a view to support the sons of old students applying for foundation scholarships. My object in writing is to propose that we should help Epsomites too by starting a fund to raise an "Old Students' Scholarship" to be awarded to the son of a Bartholomew man who passed highest from Epsom College at the M.B. Prelim. Sc. Univ. Lond., on the condition that he should enter for his medical curriculum at St. Bartholomew's Hospital. My experience of the *esprit de corps* of Bart.'s men makes me sanguine as to success, if Mr. Cripps' views and my own are well promulgated among "The Old Boys." I am dear Sir, yours faithfully,

HENRY M. JAY.

CHIPPENHAM, WILTS;
May 28th, 1896.

To the Editor of St. Bartholomew's Hospital Journal.

THE TENNIS COURTS AT WINCHMORE HILL.

DEAR SIR,—Might I be allowed to make a suggestion as regards the Hospital Tennis Club? Why could not they provide half a dozen balls for each court, and give them into the charge of Mrs. Dean, with instructions to lend them out half a dozen at a time, the borrower entering his name in a book provided for the purpose, and standing responsible for the due return of the balls, it being fully understood that he should make good any loss? Hoping the Club will see their way clear to make some such arrangement as I suggest,—I am, sir, yours faithfully, A TENNIS PLAYER.

June 15th, 1896.

To the Editor of St. Bartholomew's Hospital Journal.

ANNOUNCEMENTS OF COMING EVENTS.

DEAR SIR,—I think I am right in believing that many old Bart.'s men would be glad if "Coming Events" were oftener announced in your columns. I was personally anxious to be present this year at the Hospital Sports, and carefully looked for an announcement of their date and place in the JOURNAL. Alas! I now find they are already past history, and I have missed the opportunity of attending them.—I am, sir, yours faithfully, A KEEN OLD BART.'S MAN.

[Slackness on the part of those responsible for the arrangement of the events is the cause of the absence of any announcement in our columns. We have repeatedly requested that notices be sent to us in time for publication.—ED.]

Births.

ANDREWES.—On June 7th, at 35, Welbeck Street, W., the wife of F. W. Andrewes, M.D., of a son.

DAY.—On May 10th, at 5, Surrey Street, Norwich, the wife of Donald D. Day, F.R.C.S., of a daughter.

FOULERTON.—On May 29th, at 23, Carlisle Mansions, Victoria Street, S.W., the wife of Alexander G. R. Foulerton, F.R.C.S., of a daughter.

HEWER.—On May 16th, at 33, Highbury New Park, N., the wife of J. Langton Hewer, M.D., F.R.C.S., of a son.

POWELL.—On June 12th, at Glenarm House, Upper Clapton, the wife of Herbert E. Powell, M.R.C.S., L.S.A., of a son.

Marriages.

LE QUESNE—DE CASTRO.—On June 6th, at Christ Church, East Sheen, S.W., by the Rev. E. Bruce Cornford, M.A., Curate of St. Barnabas Church, Southampton, Claude Philip Le Quesne, M.R.C.S. Eng., L.R.C.P.Lond., of Southampton, to Charlotte Lopes, second daughter of Daniel de Castro, Esq., of Mortlake, S.W.

READ—HUDSON.—On May 23rd, at All Souls, Langham Place, W., by the Rev. Canon J. H. Atcheson, Henry G. Read, M.R.C.S., L.R.C.P., L.S.A., L.D.S.Eng., of 1, Portland Place, W., to Mrs. S. T. Hudson, of Barling House, near Southend, Essex.

WALTER—SODEN.—On June 13th, at St. James's, West Hampstead, by the Rev. J. Newton Soden, cousin of the bride, Richard Arthur Walter, M.R.C.S., L.R.C.P., of 282, Lytham Road, Blackpool, youngest son of Octavius Gardner Walter, Esq., of Wellington, Somerset, to Rose Sherman, elder daughter of the late Rev. Frank Soden, formerly of Lower Clapton, and of Mrs. Soden, Gondar Gardens, West Hampstead.

Death.

MCLAREN.—On May 29th, at Newport Road, Cardiff, Kenneth McLaren, M.B.Lond., third son of the late John Wingate McLaren, of pneumonia.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette, St. Thomas's Hospital Gazette, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Magazine of the London School of Medicine for Women and Royal Free Hospital, The Nursing Record, The Hospital, The Charity Record.*